

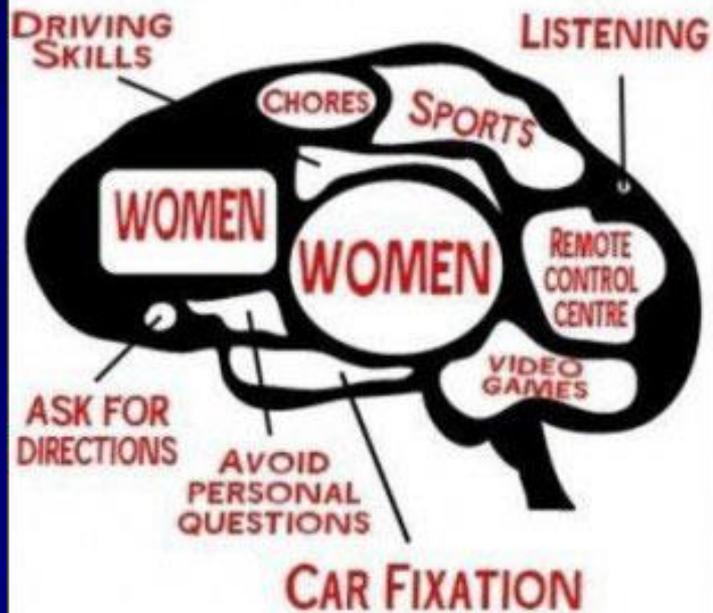
Acquired Brain Injury Who is this person? Dealing with Mild to Severe Behavioral Challenges

Presented By

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**Florida Institute for Neurologic
Rehabilitation, Inc**

MALE BRAIN



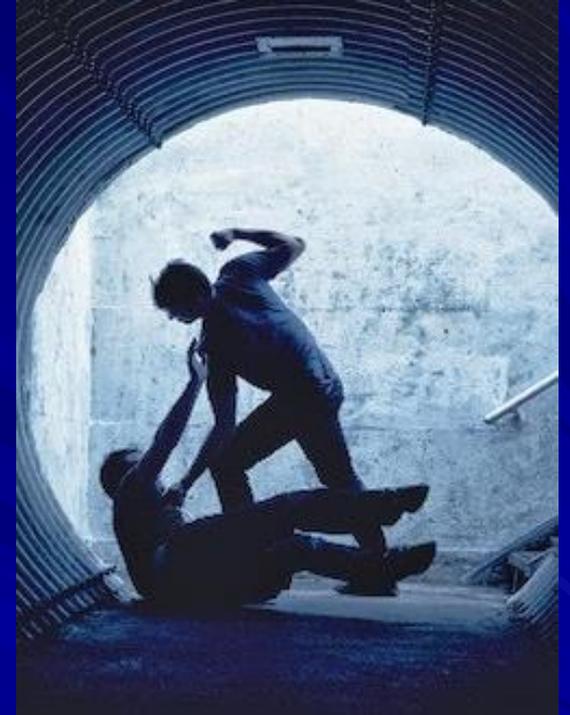
FEMALE BRAIN



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How do Traumatic Brain Injuries (TBI) happen?

- Falls
- Motor Vehicle Accidents
- Sports Injuries
- Assault
- Penetrating Head Injury



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How do Acquired Brain Injuries (ABI) happen?

- Abscess
- Aneurysm
- Anoxia/hypoxia
- Arteriovenous Malformation (AVM)
- Encephalitis
- Tumor

How do Acquired Brain Injuries (ABI) happen?

- Fetal alcohol syndrome
- Meningitis
- Metabolic encephalopathy
- Seizure Disorder
- Stroke
- Tourette Syndrome





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Atypical Injuries include, but are not limited to;

- Gunshot Wounds
- Near Drowning
- Anaphylactic Shock
- **TEXTING** while driving



How do Children become Brain Injured?

- Bicycle Accidents (No helmet)
- Birth Trauma
- Fetal Alcohol Syndrome
- Shaken Baby Syndrome
- Brain Tumors

ABI Prevalence

- 12 million Americans
 - 5.3 Million TBI
 - .7 Million CVA
- 3.8% of the US Population
- 2nd Most Prevalent Injury in US

Incidence of TBI

- 1.7 million new TBI's each year
- 52,000 deaths per year
- 280,000 hospitalizations
- 2,500,000 ER visits
- A TBI occurs every 23 seconds in US
- 125,000 new onset of a long-term disability in US each year

- Brain Injury after the age of 5 and before the age of 15 accounts for more than $\frac{1}{2}$ of all deaths due to trauma.
- Of those with severe TBI, 80% have been found to have special educational needs 2 years post injury (Ewing-Cobbs et.2001)

“Brain Injury and Behavior”



TBI vs. CHI

Traumatic Brain Injury

External force/blunt trauma to head

Brain is penetrated

Closed Head Injury

Brain Injury in which skull and brain IS NOT PENETRATED

Which Causes More Damage?

Severity of Brain Injury

Mild – No loss of Consciousness (No LOC)

Moderate – LOC < 30 min

Severe – LOC > 30min

Measuring Cognition

1. Glasgow Coma Scale – best motor response, verbal response, eyes open to command (3-15)
2. Rancho Los Amigos (1-10)

Driving Time!



Overview of the Brain

■ Temporal Lobe

- Language and Forms Memory

■ Parietal Lobe

- Analyzes & Integrates Sensory & Motor Functions, Recognizes touch, location in space recognizes faces and objects

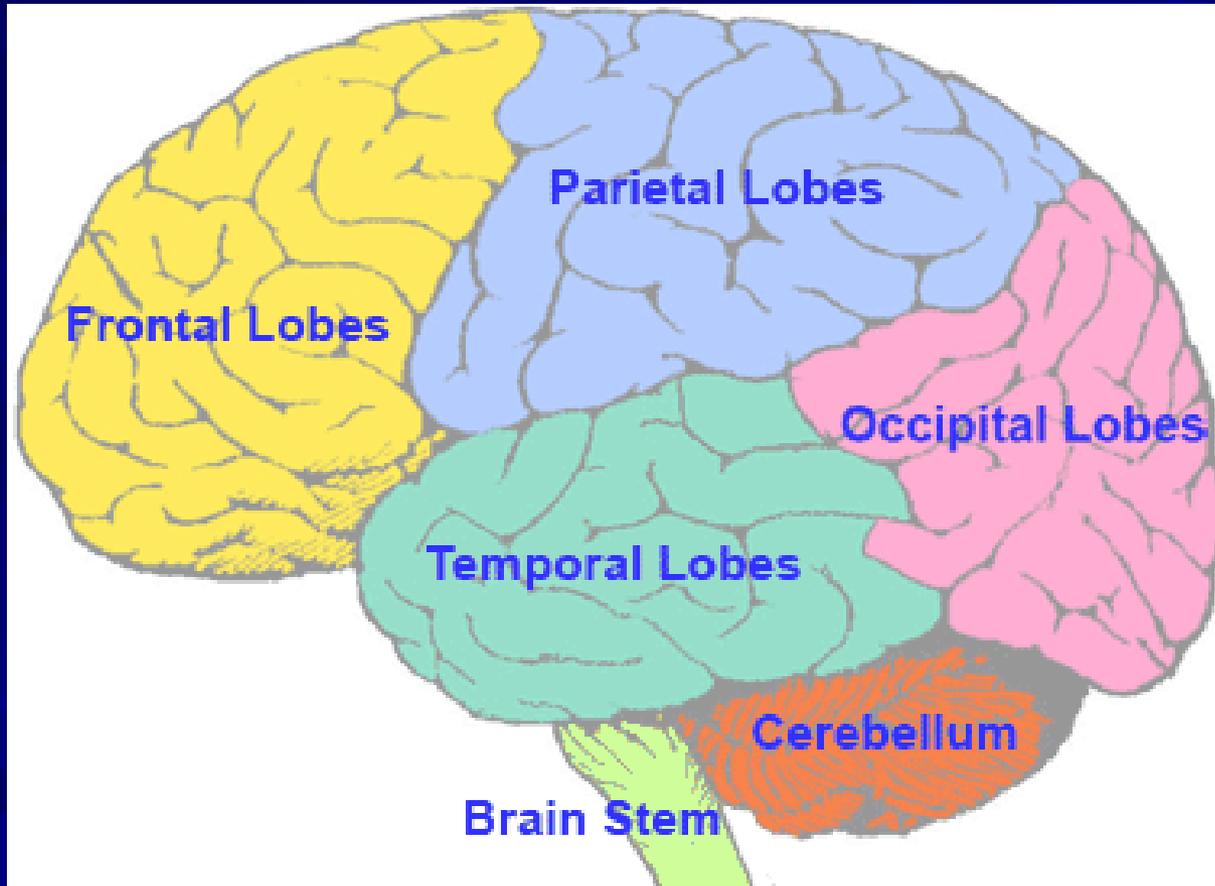
■ Occipital Lobe

- Vision

■ Frontal Lobe

- Executive Functions

Lobes of the Brain



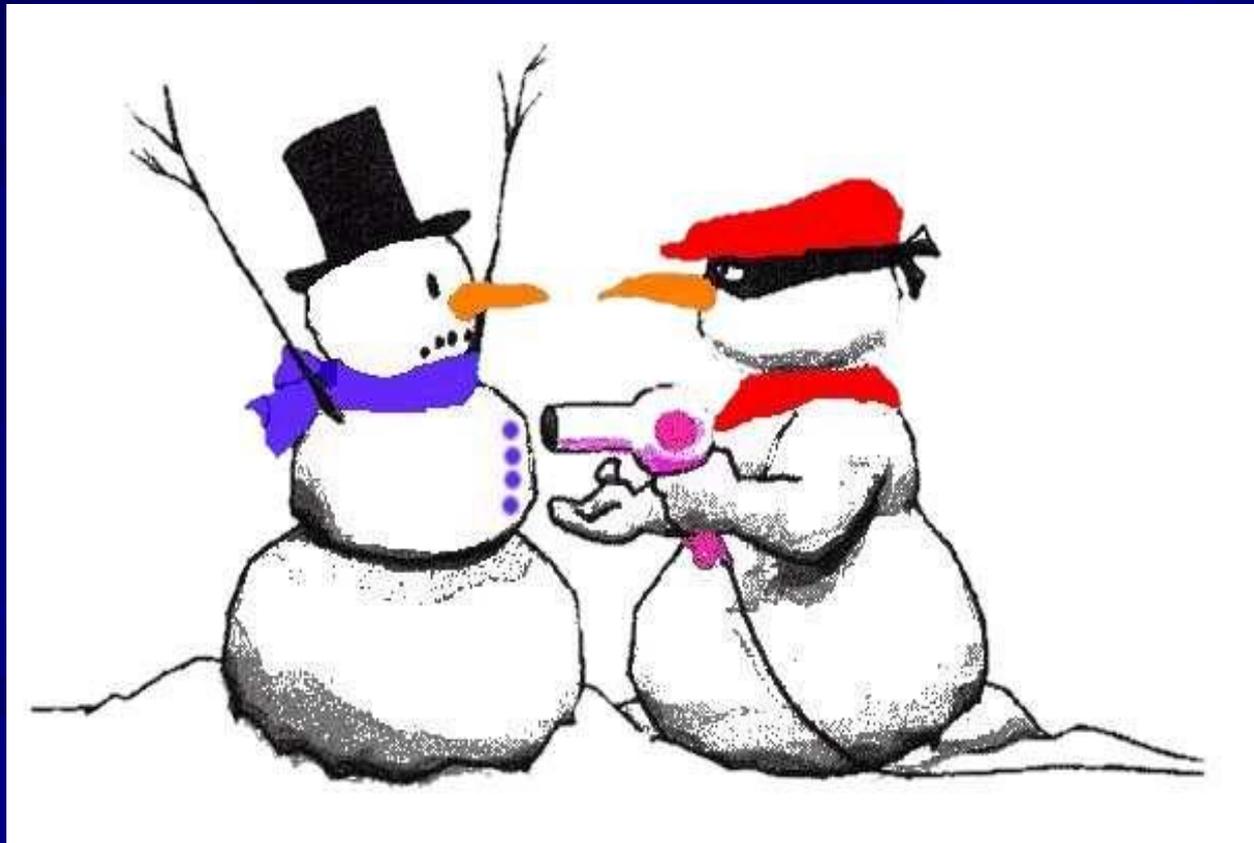
When behavior is not
in check...what can
happen?

Placed in a....



Psychiatric Facility

Or worse.....Jail



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Predicting Outcome through Pre-morbid Traits

- Age
- Level of Education
- Socially Appropriate Behavior
- Vocation
- Medical Complications / Psychiatric Diagnosis
- Time of LOC

Predicting Outcomes

- Early Emergency Interventions
- Support Systems

Cognitive Status and Impact

- Memory
 - PTA Post Traumatic Amnesia
 - Retrograde – Remembering events leading up to injury
- Executive Function
 - Limited attention span
 - Difficulties planning – organizing and planning ahead
 - Judgment Concerns
- Initiation
 - Lack of initiative - Getting out of Bed
 - Doing ADL's
- Poor Communication
 - Reading, Writing, Speaking, and Understanding
 - NOT ABLE TO COMMUNICATE WANTS/NEEDS EFFECTIVELY
- Common Physical/Medical Problems
 - Vision, H/A, Fatigue, Swallowing/Eating, Coordination/Balance, and Impaired Speech

Early Signs of Behavioral Changes

- Restlessness
- Tardiness
- Confrontational or Argumentative
- Social/Emotional Problems
- Low tolerance levels
- Low self-esteem

Increasing Signs of Changing Behaviors

- Pattern or routine changes
- Increased volume in voice tone or shouting
- Increase usage of alcohol
- Slamming doors
- Refusal to do normal tasks or activities

- Increased Anxiety
- Easily Irritated, angry, or frustrated
- Overreacts; cried and laughs easily
- Mood swings
- Depression

Warning Signs of Severe Behavior

- Property Destruction
- Threats to harm others or self
- Pushing or shoving
- Striking or punching
- Sexual disinhibitions

Behaviors Dysfunction most often creates:

- Rejections from friends
- Family frustration
- Martial Difficulties
- Sex

Complete Communication Road Block

- Denial of symptoms
- NO Insight into deficits

Treatment Strategies

Direction Following

- Eye Contact
- Say OK
- Do the Task
- Check Back

Social Skills Acquisition

- 3 foot distance
- Accepting ‘No’
- Accepting Limits
- Accepting Compliments

Communication Problems

- Word Retrieval
- Expressive Language & Organization
 - “Barn”, “Give me the Book”
- Comprehensive of Abstract Language
 - “Raining Cats and Dogs”

What's in it for me?

Preferred Task

Non- Preferred Task

Returning Home Treatment Plan

- Identify strengths and weaknesses
- Facilitate Problem Solving 1-step commands
 - “What’s Important to remember opposed to what’s not?”
- Communication & Cooperation with Medical Professionals and Family Members
- Provide opportunity for problem-solving
 - Open Ended Questions “Tell me”
- Prepare Home
- Special Services Needed
- Rehab Equipment
- Educational Services

Effective Praise

- Extending a compliment and why it is important to the individual.
- Utilize an 8:1 Ratio of Compliments to Critical Comments.
- Catch your client doing something good.

Case Study

Patient Name: MG
Present Age: 35
Weight: 118 lbs
Height: 5 feet
Initial Diagnosis: TBI - DAI Age 18 –
MVA

1. Patient has been in psychiatric institutions since the age of 20.
2. EEG – Abnormal due to presence of several left mid-temporal spikes and spike wave discharges

- Severe Bulimia – vomit on demand – 10 times per day, with a history of 25-30 events
- Projectile vomiting
- Self Injurious Behavior (SIB) – PICA, swallowing non-food items and objects, most recently a plastic spoon...averaging 25-30 endoscopies per month
- Biting Self and Spitting Blood at others
- Fire setting
- Sexually Inappropriate/Active
- Abuse of Drugs and Alcohol
- Non compliant with medications
- 2:1 staffing – Universal Precautions - Run Away Precautions

Medical Complications

- Contracted HIV at age 20
- HEP C (HCV)
- Herpes
- Electrolyte Imbalance
- Complex Partial Seizures

Admitting Medications to FINR

- Thorazine 100mg by mouth/IM three times a day
- Klonopin 2mg by mouth twice a day
- Omerparzole 20mg by mouth daily
- Bactrim – DS by mouth daily for 14 days (UTI)
- Haldol 5mg by mouth/IM twice day
- Ativan 4mg by mouth/IM every 6 hrs PRN

Adjusted Medications to Date

- Naltrexone 50mg .5 Tab twice by mouth daily
- Zoloft 50mg by mouth daily
- Ferrous Sulfate 325 mg by mouth once daily
- Multi-vitamin one tab by mouth daily
- Atripla one tablet at bedtime
- Clonazepam 2mg one tab twice daily
- Potassium 20mg 2 tabs twice daily
- Diastat 15mg rectally PRN for seizures lasting over 3 min.
- Omerprazole 20mg by mouth daily

Behavior Changes Following Medication Intervention and Behavioral Strategies

	Feb 2008	Feb 2009	Feb 2010	Feb 2011
Physical Aggression	69	30	19	3
PICA	36	12	4	2
Vomiting	395	296	31	9
Head Banging	32	6	0	0
Biting	11	2	0	0
RX Non-Compliance	90	37	14	2
Staffing	2:1	1:1	1:1	1:1

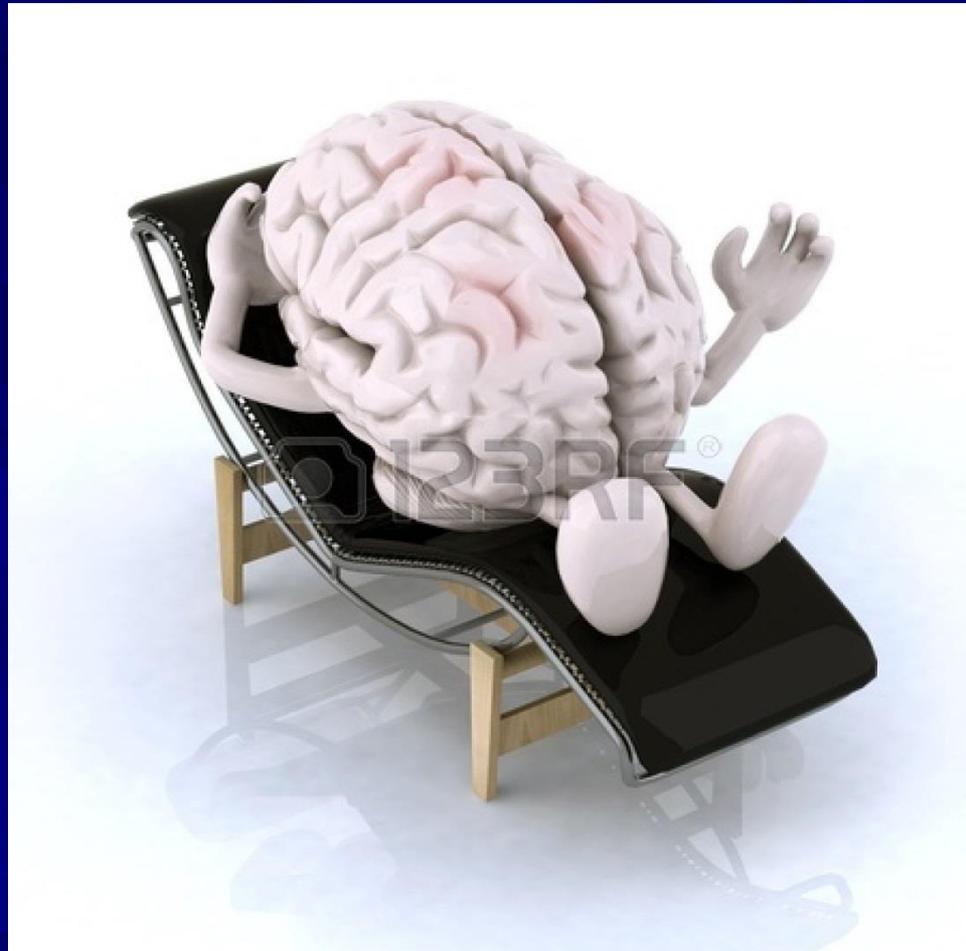
	Feb 2008	FEB 2012
Physical Aggression	69	0
PICA	36	0
Vomiting	395	0
Head Banging	32	0
Biting	11	0
RX Non-Compliance	90	1
Staffing	2:1	Visual

Transitional Behaviors

- MG is now living in a female based cabin.
- MG has a vocational position working in our computer lab earning minimum wage.
- MG participates in social activities, movies, bowling and swimming...shopping!
- In 6 months, based upon appropriate behaviors, MG will d/c to a FINR Group Home...with the long term goal of returning to a group home in Massachusetts



Q & A



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The Florida Institute for Neurologic Rehabilitation, Inc.





The Florida Institute for
Neurologic Rehabilitation, Inc.
is located in Wauchula FL

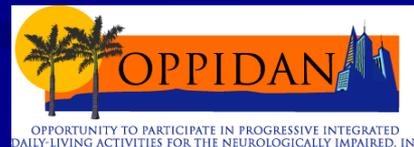
FINR's Continuum of Care



Skilled Medical Rehabilitation Center
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Intensive Housing





FINR

Cabin-Style Housing



Pediatric Campus





FINR



FINR

Cafeteria



FINR

Occupational Therapy



Physical Therapy



Speech Therapy



Vocational Green House



In-Town Vocational Opportunities / Job Coaching



Family Training

- Immediate Family are flown in.
- Meals and Hotel are provided
- Family Education is key to a client's success

Funding Sources

Commercial Insurance

Workers' Compensation

Attorney Lien

School Board

Self Pay

Not a Medicaid or Medicare Provider

In all cases, we will assist you to find funding sources.

Sign up for a tour and we'll fly
you in!



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